

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564615

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		0				
4		0				
5		0				
6		2				
7		3				
8		3				
9		3				
10		2				
11		0				
12	1					
13		1				
14		1				
15		0				
16		1				
17		1				
18		0				
19		0				
20		0				
21	1					
22	1					
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49						
50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	26	←		←		←
TOTAL CLAIMS	30					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						